



CEMETERY ANNUAL ENDOWED CARE TRUST FUND REPORT

OFFICE OF ENDOWED CARE CEMETARIES
PO BOX 1335
JEFFERSON CITY MO 65102-1335

1. CEMETERY NAME		COUNTY
2. ADDRESS		
<p>The following statement of the endowed care fund for fiscal year 20 _____, is prepared in accordance with the 1994 amended provision of RSMo 214.340. It shall be sent to the Division of Professional Registration within ninety days after the close of the trust year and a copy shall be available in the office of the cemetery for inspection by lot owners during normal office hours.</p>		
TRUSTEE OF THE ENDOWED CARE TRUST FUND COMPLETE ITEMS 1 THROUGH 7 ONLY.	PRINCIPAL	INCOME
1. BALANCE END OF PRIOR YEAR		
2. CURRENT YEAR CONTRIBUTIONS		
3. CURRENT YEAR EARNINGS		
CAPITAL YEAR EARNINGS		
INVESTMENTS RETURN OF CAPITAL		
OTHER		
4. DISTRIBUTIONS TO CEMETERY FOR THE YEAR		
5. TRUSTEE FEES AND OTHER EXPENSES (DETAIL)*		
TRUSTEE FEES		
INCOME TAXES		
OTHER		
6. CURRENT FUND		
7. STATEMENT OF ASSETS	ACQUISITION COST	CURRENT MARKET VALUE
CASH		
CASH EQUIVALENTS		
INVESTMENTS		
STOCKS		
BONDS		
MUTUAL FUNDS		
OTHER		
PROPERTY		
REAL		
PERSONAL		
OTHER		
TOTAL ASSETS		
CEMETERY OWNER/OPERATOR COMPLETE ITEMS 8 AND 9.		
8. EXPENSES TO OPERATE CEMETERY*		
MOWING		
LABOR (DIGGING/FILING IN GRAVES)		
FERTILIZER AND SEED		
MAINTENANCE (ROAD REPAIR, ETC.)		
OTHER		
9. CEMETERY'S TOTAL ACREAGE		
CEMETERY'S DEVELOPED ACREAGE		

CERTIFICATION BY TRUSTEE

_____ being duly sworn, on his/her oath say that s/he is
_____ of _____ a
corporation authorized to exercise trust powers in Missouri; that s/he is authorized to make this affidavit for and on behalf of said corporation;
and that s/he has read the foregoing statement and that as to matters and facts stated in items 1 through 7 above, they are complete and
correct to the best of his/her information and belief.

TRUST SIGNATURE



TRUST ADDRESS

NOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

CERTIFICATION BY CEMETERY OWNER

_____ being duly sworn, on his/her oath say that s/he is
_____ of _____ a
Missouri corporation which owns the endowed care cemetery above; that s/he makes this affidavit for and on behalf of said corporation; and
that s/he has read the foregoing statement and that as to matters and facts stated in items 8 and 9 therein, they are complete and correct to
the best of his/her information and belief.

SIGNATURE



ADDRESS

NOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

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MY COMMISSION
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